

CDP



Research Update -- September 22, 2022

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Caring for Service Members Who Have Been Sexually Assaulted: The Military Health System.

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Military Medicine

Published: 25 June 2022

Introduction

Reports of sexual assault (SA) in the U.S. Military have increased in recent years. Given the deleterious effects of military SA, there remains a need for large-scale studies to assess SA-related health care utilization among active duty service members (ADSMs). The present study, therefore, utilized Military Health System (MHS) data to determine the prevalence of SA-related care, sociodemographic characteristics of ADSMs receiving said care, and the type of provider seen during the initial SA-related health encounter.

Materials and Methods

Utilizing the MHS Data Repository and Defense Enrollment Eligibility Reporting System, all ADSMs from the Air Force, Army, Navy, and Marine Corps during fiscal years (FY) 2016-2018 were identified. Those with an International Classification of Diseases diagnostic code related to SA during the study period were isolated. Descriptive statistics and multivariable logistic regression analyses were conducted. The study was exempt from human subjects review.

Results

A total of 1,728,433 ADSMs during FY 2016-2018 were identified, of whom 4,113 (0.24%) had an SA-related health encounter. Rates of SA-related health care encounters decreased each FY. Women (odds ratio [OR] = 12.02, $P < .0001$), those in the Army (reference group), and enlisted personnel (OR = 2.65, $P < .0001$) were most likely to receive SA-related health care, whereas ADSMs aged 18-25 years had lower odds (OR = 0.70, $P < .0001$). In addition, higher odds of SA-related care were observed among those identifying as American Indian/Alaskan Native (OR = 1.37, $P = .02$) and "Other" race (e.g., multiracial) (OR = 4.60, $P < .0001$). Initial SA-related health encounters were most likely to occur with behavioral health providers (41.4%).

Conclusions

The current study is the first large-scale examination of health care usage by ADSMs in the MHS who have experienced SA. Results indicated that rates of SA-related care decreased throughout the study period, despite the increasing rates of SA documented by the DoD. Inconsistent with previous research and DoD reports indicating that younger ADSMs are at the highest risk for SA, our study observed lower rates of SA-related care among those aged 18-25 years; additional research is warranted to determine if there are barriers preventing younger ADSMs from seeking SA-related health care. Behavioral health providers were most frequently seen for the initial SA-related encounter, suggesting that they may be in a unique position to provide care and/or relevant referrals to ADSMs who have experienced SA. The present study provides key insights about the prevalence of SA-related care within the MHS, not yet reported in previous literature, which could help inform MHS screening practices. The strengths of the study are the inclusion of the entire active duty population without the need for research recruitment given the utilization of de-identified TRICARE claims data. The study is limited by its use of health care claims data, general SA International Classification of Diseases codes as a proxy indicator for military SA, and lack of data on ethnicity. Future research utilizing MHS data should examine mental health outcomes following the documentation of SA and disruptions in SA-related care due to SARS-CoV-2.

<https://doi.org/10.1002/jts.22872>

Sexual compulsivity, erectile dysfunction, and suicidality among male survivors of military sexual violence.

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Journal of Traumatic Stress

First published: 05 September 2022

Although military sexual trauma (MST) is associated with an increased risk of suicide, suicide attempts, and suicidal ideation among service members and veterans, there is limited knowledge regarding the mechanisms of MST and suicidality among men. The current study examined whether MST was associated with sexual compulsivity and/or erectile dysfunction and if these, in turn, explained elevated suicidal thoughts and the likelihood of engaging in future suicidal behavior after accounting for mental health, military, and demographic characteristics. Service members and veterans who reported their gender as male (N = 508) were recruited via social media and completed online

self-report measures assessing MST, erectile dysfunction, sexual compulsivity, suicidal ideation frequency, and the likelihood of engaging in future suicidal behavior. Path analysis was used to examine the study hypotheses. In total, 67 participants (13.2%) reported a history of MST; of these individuals, 27 (40.3%) reported suicidal ideation in the past 12 months, and 29 (43.9%) reported an increased likelihood of engaging in future suicidal behavior. MST was associated with increased sexual compulsivity, which, in turn, predicted more frequent suicidal ideation as well as a higher self-reported likelihood of engaging in future suicidal behavior. MST was associated with higher levels of erectile dysfunction, but erectile dysfunction was not associated with suicidal ideation in the adjusted model. Although the data were cross-sectional, precluding determinations of causality, the results support assessing and intervening with regard to sexual compulsivity to mitigate the risk for suicide-related outcomes among men who experience MST.

<https://doi.org/10.1002/jts.22874>

The mental health impact of COVID-19–related stressors among treatment-seeking trauma-exposed veterans.

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Journal of Traumatic Stress

First published: 05 September 2022

Trauma-exposed veterans receiving mental health care may have an elevated risk of experiencing COVID-19–related difficulties. Using data from several ongoing clinical trials (N = 458), this study examined exposure to COVID-19–related stressors and their associations with key sociodemographic factors and mental health outcomes. The results showed that exposure to COVID-19–related stressors was common, higher among veterans who were racial/ethnic minorities $d = 0.32$, and associated with elevated posttraumatic stress disorder (PTSD), $r = .288$, and depressive symptom severity, $r = .246$. Women veterans experienced more difficulty accessing social support, $d = 0.31$, and higher levels of COVID-19–related distress, $d = 0.31$, than men. Qualitative data were consistent with survey findings and highlighted the broader societal context in veterans' experience of COVID-19–related distress. These findings may inform future research on the impact of the pandemic on veterans, particularly

those who are women and members of minoritized racial/ethnic groups, as well as mental health treatment planning for this population.

<https://doi.org/10.1080/15402002.2022.2124993>

Examining whether Changes in Sleep Habits Predict Long-Term Sustainment of Treatment Gains in Individual Remitted from Insomnia after CBT-I.

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Behavioral Sleep Medicine

Published online: 16 Sep 2022

Objectives

Providers of Cognitive-Behavioral Therapy for Insomnia (CBT-I) are often asked whether the behavioral recommendations (e.g., stimulus control, sleep restriction) must be adhered to ad infinitum. We examined whether changes in sleep habits/behaviors are a life sentence, or whether patients who remit can relax their adherence while maintaining their treatment gains at 1-year follow-up (FU).

Methods

Participants (N = 179) completed 2 weeks of sleep diaries and measures of insomnia severity and safety behaviors at baseline and following four sessions of CBT-I. Of the 137 patients that achieved remission, 77 completed these measures at 1-year FU. Results Improvements in insomnia severity and total wake time (TWT) at post-treatment were maintained at FU ($p \geq .52$). Similarly, reductions in safety behaviors were maintained at FU ($p = 1.00$), whereas lingering in bed reduced during treatment ($p < .001$) but increased at FU ($p < .001$). Changes in sleep habits after treatment did not predict insomnia severity at FU. However, increases in time in bed positively predicted TWT at FU ($p = .001$).

Conclusions

Those who remit after CBT-I may generally relax their adherence to behavioral recommendations without significantly impacting their perceived insomnia symptoms 1 year after treatment despite some increases in TWT. Results increase our confidence in CBT-I as a brief and durable intervention.

<https://doi.org/10.1002/jts.22879>

Comparing immediate- and delayed-onset posttraumatic stress disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions–III (NESARC-III).

Zoe Bourgault, Christine Ibrahim, Bernard Le Foll, Ahmed N. Hassan

Journal of Traumatic Stress

First published: 14 September 2022

Delayed-onset posttraumatic stress disorder (PTSD) is defined as a period of 6 months or more between trauma exposure and episode onset. Due to the limited research and lack of epidemiological studies on this form of the disorder, we investigated its prevalence, clinical features, and psychiatric comorbidities in a nationally representative sample of U.S. adults. Using National Epidemiologic Survey on Alcohol and Related Conditions–III (NESARC-III) data collected from individuals who met the DSM-5 criteria for PTSD ($N = 1,980$), we compared delayed- and immediate-onset PTSD with regard to demographic and clinical variables, including comorbidity with psychiatric and substance use disorder (SUD) diagnoses. The overall prevalence of delayed-onset PTSD was 11.0%. Respondents with delayed-onset PTSD were more likely than those with immediate-onset PTSD to report active military combat exposure, more physical and emotional difficulties, and higher levels of pain; these individuals were also more likely to be divorced and less likely to meet the diagnostic criteria for select SUDs. After adjusting for confounding variables, we found a decreased risk of delayed-onset PTSD among individuals with hallucinogen use disorder, $OR = 0.30$; 95% CI $[0.11, 0.87]$, $d = 0.5$. We found no significant associations between PTSD onset status and any other SUD, including alcohol use disorder, after adjusting for covariates. Further longitudinal research is required to investigate the temporal associations between PTSD onset and its clinical characteristics and comorbidities, as this could have implications on disorder progression and treatment approaches.

<https://doi.org/10.1186/s40779-022-00413-z>

The relationship between chronic PTSD, cortical volumetry and white matter microstructure among Australian combat veterans.

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Military Medical Research

Published: 16 September 2022

Background

Posttraumatic stress disorder (PTSD) has been associated with volumetric and white matter microstructural changes among general and veteran populations. However, regions implicated have greatly varied and often conflict between studies, potentially due to confounding comorbidities within samples. This study compared grey matter volume and white matter microstructure among Australian combat veterans with and without a lifetime diagnosis of PTSD, in a homogenous sample assessed for known confounding comorbidities.

Methods

Sixty-eight male trauma-exposed veterans (16 PTSD-diagnosed; mean age 69 years) completed a battery of psychometric assessments and underwent magnetic resonance and diffusion tensor imaging. Analyses included tract-based spatial statistics, voxel-wise analyses, diffusion connectome-based group-wise analysis, and volumetric analysis.

Results

Significantly smaller grey matter volumes were observed in the left prefrontal cortex ($P = 0.026$), bilateral middle frontal gyrus ($P = 0.021$), and left anterior insula ($P = 0.048$) in the PTSD group compared to controls. Significant negative correlations were found between PTSD symptom severity and fractional anisotropy values in the left corticospinal tract ($R^2 = 0.34$, $P = 0.024$) and left inferior cerebellar peduncle ($R^2 = 0.62$, $P = 0.016$). No connectome-based differences in white matter properties were observed.

Conclusions

Findings from this study reinforce reports of white matter alterations, as indicated by reduced fractional anisotropy values, in relation to PTSD symptom severity, as well as patterns of reduced volume in the prefrontal cortex. These results contribute to the developing profile of neuroanatomical differences uniquely attributable to veterans who suffer from chronic PTSD.

Incidences of anxiety disorders among active duty service members between 1999 and 2018.

Russell, P. D., Judkins, J. L., Blessing, A., Moore, B., & Morissette, S. B.

Journal of Anxiety Disorders
2022 Oct; 91: 102608

Purpose:

Anxiety disorders can impact the health, performance, and retention of military service members. To inform prevention initiatives and long-term treatment planning, incidence rates across anxiety disorders were evaluated among U.S. active-duty service members over a 20-year period.

Method:

Data were extracted from the Defense Medical Epidemiological Database to examine incidence rates of generalized anxiety disorder (GAD), panic disorder (PD), agoraphobia (AG), social anxiety disorder (SAD), obsessive compulsive disorder (OCD), agoraphobia with panic disorder (AWPD), agoraphobia without history of panic disorder (AWOPD), and unspecified anxiety disorder (UAD) among 151,844 service members between 1999 and 2018 in relation to sex, age, race, marital status, military pay grade, service branch.

Results:

Incidence rates of anxiety disorders increased significantly over the 20-year period. Anxiety disorder incidence rates ranged widely from 0.01 to 23.70 (per 1000 service members). There were significant differences in observed versus expected diagnostic rates across all demographic variables examined ($p < 0.001$).

Conclusion:

Incidence rates varied considerably across the anxiety disorders, with UAD being the highest. These data highlight the importance of health care professionals attending to anxiety disorders, in order to plan for service member needs, develop preventative interventions, address early detection, and deliver treatments to improve combat readiness.

A significant U-shaped association between physical activity level and posttraumatic stress disorder in U.S. military Veterans: Results from the 2019–2020 National Health and Resilience in Veterans Study.

Thomas G. Adams, Emily Fenlon, Christopher Penn, Troy Hubert, Robert H. Pietrzak

Mental Health and Physical Activity
Volume 23, October 2022, 100460

Highlights

- A U-shaped association between physical activity levels and a PTSD screen was found.
- Moderate activity level was associated with the lowest probability of PTSD.
- PTSD symptom clusters were differentially associated with physical activity levels.
- Intrusions, anhedonia, and externalizing behaviors were associated with activity levels.

Abstract

Objective

The present study sought to extend previous research by examining associations between physical activity levels, PTSD, and PTSD symptom clusters in a large, independent, nationally representative sample of U.S. military veterans.

Methods

Using data from the 2019–2020 National Health and Resilience in Veterans Study (NHRVS), we examined relations between a comprehensive self-report measure of physical activity that reflects public health guidelines and a self-report measure of DSM-5-defined PTSD and a 7-factor model of PTSD symptom dimensions. A total of 3,875 participants completed all study measures. Post-stratification weights were applied to all analyses (weighted $n = 3,732$).

Results

Quadratic logistic regression revealed a significant ($p < .05$) U-shaped association between physical activity levels (insufficient, moderate, and active) and a positive PTSD screen. A moderate activity level was associated with the lowest likelihood of PTSD (3.8% adjusted probability) while an active level was associated with the highest likelihood of PTSD (7.8% adjusted probability). Multinomial logistic regression

suggested that more severe posttraumatic intrusive symptoms, particularly nightmares, and anhedonic symptoms were associated with a significantly decreased probability of a moderate activity level ($p \leq .05$, false discovery rate corrected).

Conclusions

Findings suggest that a moderate physical activity level is associated with a lower likelihood of PTSD but that specific PTSD symptoms may be differentially associated with exercise behaviors. Candidate mechanisms and clinical implications of these findings are discussed.

<https://doi.org/10.1093/milmed/usac164>

Practical and Emotional Peer Support Tailored for Life's Challenges: Personalized Support for Progress Randomized Clinical Pilot Trial in a Veterans Health Administration Women's Clinic.

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Military Medicine

Published: 10 June 2022

Introduction

Women Veterans experience a broad range of stressors (e.g., family, relationship, and financial) and high rates of mental health and physical health conditions, all of which contribute to high levels of stress. Personalized Support for Progress (PSP), an evidence-based intervention, is well suited to support women Veterans with high stress as it involves a card-sort task to prioritize concerns as well as pragmatic and emotional support to develop and implement a personalized plan addressing those concerns. Our aims were to explore the population and context for delivery and evaluate the feasibility, acceptability, and utility of PSP delivered by a peer specialist to complement existing services in a Veterans Health Administration (VHA) Women's Wellness Center.

Materials and Methods

This randomized controlled pilot trial compared treatment as usual plus PSP to treatment as usual and used the a priori Go/No-Go criteria to establish success for each outcome. We interviewed staff regarding the population and delivery context at a VHA

Women's Wellness Center and analyzed interviews using a rapid qualitative approach. For the rapid qualitative analysis, we created templated summaries of each interview to identify key concepts within each a priori theme, reviewed each theme's content across all interviews, and finally reviewed key concepts across themes. We evaluated feasibility using recruitment and retention rates; acceptability via Veteran satisfaction, working relationship with the peer, and staff satisfaction; and utility based on the proportion of Veterans who experienced a large change in outcomes (e.g., stress, mental health symptoms, and quality of life). The Syracuse VA Human Subjects Institutional Review Board approved all procedures.

Results

Staff interviews highlight that women Veterans have numerous unmet social needs and concerns common among women which increase the complexity of their care; call for a supportive, consistent, trusting relationship with someone on their health care team; and require many resources (e.g., staff such as social workers, services such as legal support, and physical items such as diapers) to support their needs (some of which are available within VHA but may need support for staffing or access, and some of which are unavailable). Feasibility outcomes suggest a need to modify PSP and research methods to enhance intervention and assessment retention before the larger trial; the recruitment rate was acceptable by the end of the trial. Veteran acceptability of PSP was high. Veteran outcomes demonstrate promise for utility to improve stress, mental health symptoms, and quality of life for women Veterans.

Conclusions

Given the high acceptability and promising outcomes for utility, changes to the design to enhance the feasibility outcomes which failed to meet the a priori Go/No-Go criteria are warranted. These outcomes support future trials of PSP within VHA Women's Wellness Centers.

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<https://doi.org/10.1093/milmed/usac152>

Race Differences in Veteran's Affairs Emergency Department Utilization.

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Military Medicine

Published: 17 June 2022

Introduction

African Americans (AAs) experience disparities in chronic pain care. This study aimed to identify the rates of emergency department (ED) utilization for visits associated with chronic pain diagnoses among AAs compared to Whites and to determine variables that accounted for any differences.

Methods

This retrospective observational study used national Veterans Affairs (Veteran's Health Administration) administrative data to identify Veterans with chronic pain diagnoses in 2018. Race/ethnicity was self-reported and assessed to examine if differences exist in ED utilization. Differences between AAs and Whites were examined using negative binomial regression models, controlling for ethnicity. Multivariable models (including demographics, pain characteristics, psychiatric comorbidities, medical comorbidities, pain-related health care utilization, and medication utilization) were examined to determine factors that contributed to these disparities.

Results

Among the 2,261,030 patients, 22% (n = 492,138) were AA. The incidence rate ratio of ED utilization for AAs, relative to Whites, was 1.58 (95% CI: 1.56–1.59). The only independent variable that produced a clinically meaningful reduction in the race effect on ED use was rurality, which was associated with reduced ED use. Post hoc model including all variables reduced the race effect to 1.37 (95% CI: 1.36–1.38).

Conclusion

AA Veterans had a 58% greater risk of ED utilization for visits associated with chronic pain diagnoses relative to White Veterans, which remained meaningfully elevated after adjustment for observable confounders (37%). This observation may reflect disparities in outpatient chronic pain care for AAs. Future research could focus on enhancing therapeutic alliance in primary care to improve chronic pain treatment for AAs.

<https://muse.jhu.edu/article/857220>

The Psychological Impacts of the COVID-19 Pandemic on the U.S. Military.

Major Timothy Berger, USMC

The U.S. government and Department of Defense (DOD) have plans to counter a pandemic and return the country to normal while reducing the impacts of the disease. These plans address psychological health, but only in a limited manner. The U.S. government and DOD's response to the COVID-19 pandemic has been primarily focused on containing the virus and reducing the number of deaths and damage to the economy, with very limited attention paid to the mental health impacts in both the population and military. Historical cases suggest that the psychological impacts can be wide-ranging and enduring if not treated properly and the country does not recover from the pandemic in a deliberate fashion. While some emerging research could suggest this for the U.S. population and military, researchers have not conducted specific studies into this particular field. Therefore, the U.S. military's mental health could be degraded by the COVID-19 pandemic and mitigation measures and may be degraded for a significant period of time, reducing its readiness and ability to aid in the government's response to the pandemic.

<https://doi.org/10.1016/j.sleh.2022.05.004>

Association of insomnia phenotypes based on polysomnography-measured sleep duration with suicidal ideation and attempts.

Kevin G. Saulnier, Rupsha Singh, Kristina P. Lenker, Susan L. Calhoun, ... Julio Fernandez-Mendoza

Sleep Health

Volume 8, Issue 4, August 2022, Pages 391-397

Objective

To assess the association of insomnia phenotypes, being insomnia with short sleep duration (ISSD) and insomnia with normal sleep duration (INSD), with suicidality in a randomly selected population-based sample.

Methods

Data were analyzed from the Penn State Adult Cohort. Participants (N = 1741, 52.5 years, 57.4% female) were randomly recruited from the general population between January 1990 through March 1999 and mortality data were available through December

2018. Insomnia symptoms were defined as self-reports of moderate-to-severe difficulties initiating or maintaining sleep, early morning awakening and non-restorative sleep, or having chronic insomnia (n = 719). Short sleep duration was defined as <6 hours of in-lab polysomnography-measured sleep duration (n = 879). Suicidality (SAI; n = 102) was ascertained by a lifetime history of suicidal ideation (SI; n = 84), suicide attempts (SA; n = 48) or death by suicide (DBS; n = 10).

Results

Compared to normal sleepers who slept ≥ 6 hours, participants with ISSD and INSD were associated with 1.72-fold and 2.22-fold increased odds of SAI, respectively; these associations were significant for SI, with 2.09-fold and 2.24-fold increased odds, respectively, but not for SA, after adjusting for physical and mental health comorbidities. ISSD and INSD differed in SAI age of onset and hospitalizations after SA.

Conclusions

The results of this cohort study suggest that both INSD and ISSD phenotypes are associated with increased suicidal ideation, while the INSD phenotype has an earlier age of onset and is more likely to experience hospitalizations after attempting suicide. These results highlight the importance of targeting insomnia symptoms to help prevent suicide.

<https://doi.org/10.1016/j.sleh.2022.05.004>

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Conclusions

The results of this cohort study suggest that both INSD and ISSD phenotypes are associated with increased suicidal ideation, while the INSD phenotype has an earlier age of onset and is more likely to experience hospitalizations after attempting suicide. These results highlight the importance of targeting insomnia symptoms to help prevent suicide.

<https://doi.org/10.1093/milmed/usac167>

Inconsistent Reporting of Adverse Life Events Is Predicted by Current Internalizing Distress Among Military Service Members.

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Military Medicine

Published: 18 June 2022

Introduction

Accurate measurement of adverse life events is critical for understanding the effects of

stressors on health outcomes. However, much of this research uses cross-sectional designs and self-report years after the events take place. The reliability of this retrospective reporting and the individual difference factors associated with inconsistent recall over time are not frequently addressed, especially among military service members.

Materials and Methods

A longitudinal cohort of National Guard service members ($n = 801$) completed the Deployment Risk and Resilience Inventory-2 Prior Stressors scale and several measures of general well-being, including anxious depressive symptomatology, personal functioning, perceived social support, and overall health at two time points (before and after completion of basic combat training; median 11-month interval).

Results

Consistency in reporting the life event items ranged from 69.5% to 99.7%, with an overall Cohen's kappa coefficient of 0.215 for the scale, indicating minimal agreement. Lower well-being scores at Time 1 independently predicted yes-to-no changes in responding, whereas lower well-being scores at Time 2 independently predicted no-to-yes changes in responding. Follow-up mediations were conducted using study measures available only at Time 2. For all study measures, Time 2 well-being independently predicted changes from no-to-yes responding by way of indirect effects through self-reported non-specific internalizing distress and arousal.

Conclusions

These findings highlight the confounding effects of fluctuations in current emotional distress on past stressor recall. There is a need for additional caution regarding the use of retrospective self-report of adverse life events in research and clinical practice and greater consideration of current psychological distress at the time of measurement completion.

<https://doi.org/10.1002/cpp.2761>

Hospital presenting suicidal ideation: A systematic review.

Dr. Emma Fawcett, Prof. Gary O'Reilly

Clinical Psychology & Psychotherapy

First published: 18 June 2022

Background

Research indicates that the emergency department is the primary setting for people to present with suicidal ideation. Attempting to provide interventions for this population depends greatly on understanding their needs and life circumstances at the time of presentation to services, therefore enabling more appropriate treatment pathways and services to be provided.

Aim

This review aims to collate, evaluate and synthesize the empirical research focused on the population of people presenting to hospital settings with suicidal ideation.

Method

A systematic literature search was performed. Articles that met a specified set of inclusion criteria including participants being over 18, not being admitted to hospital and presenting to an emergency department setting underwent a quality assessment and data analysis. The quality assessment used was the EPHP Quality Assessment Tool for Quantitative Studies (Thomas et al., 2004).

Results

Twenty-seven articles were included in the review. Studies were quantitative and of reasonable methodological quality (Thomas et al., 2004). The literature was characterized by demographic information, mental health factors associated with the presentation to hospital and treatment pathways or outcomes reported. The reviewed research showed that people presenting to emergency departments with suicidal ideation were varying in age, gender, ethnic background and socio-economic status (SES). Large proportions of studies reported psychosocial factors alongside interpersonal struggles as the main presenting reason. The review highlights large variability across these factors. Mental health diagnosis was common, previous suicide attempt was a risk factor, and treatment pathways were unclear. The review identifies the outstanding gaps and weaknesses in this literature as well as areas in need of future research.

Conclusions

In conclusion, the review highlights the prevalence of people reporting interpersonal factors as the reason for suicidal ideation and not mental health disorders or diagnosis. Despite this, no mention of trauma or life stories was made in any study assessing this population. Despite a large variation across studies making synthesis difficult, data proves clinically relevant and informative for future practice and guidance on areas needing further research.

<https://doi.org/10.1093/milmed/usac165>

Depression, Insomnia, and Obesity Among Post-9/11 Veterans: Eating Pathology as a Distinct Health Risk Behavior.

Christine M Ramsey, PhD, Allison E Gaffey, PhD, Cynthia A Brandt, MD, MPH, Sally G Haskell, MD, MS, Robin M Masheb, PhD

Military Medicine

Published: 21 June 2022

Introduction

Understanding the interrelationships between co-occurring chronic health conditions and health behaviors is critical to developing interventions to successfully change multiple health behaviors and related comorbidities. The objective of the present study was to examine the effects of depression, insomnia, and their co-occurrence on risk of obesity and to examine the role of health risk behaviors as potential confounders of these relationships with an emphasis on eating pathologies.

Methods

Iraq and Afghanistan conflict era veterans (n = 1,094, 51.2% women) who participated in the Women Veterans Cohort Study between July 2014 and September 2019 were categorized as having depression, insomnia, both, or neither condition. Logistic regression models were used to examine group differences in the risk of obesity. Health risk behaviors (i.e., eating pathology, physical activity, smoking, and hazardous drinking) were then assessed as potential confounders of the effects of depression and insomnia on the likelihood of obesity.

Results

Obesity was most prevalent in individuals with co-occurring insomnia and depression (53.2%), followed by depression only (44.6%), insomnia only (38.5%), and neither condition (30.1%). Importantly, maladaptive eating behaviors confounded the depression–obesity association but not the insomnia–obesity association. There was no evidence that insufficient physical activity, smoking, or hazardous drinking confounded the effects of insomnia or depression on obesity.

Conclusions

These findings exemplify the complex relationships between multiple health conditions and behaviors that contribute to obesity. Elucidating these associations can enhance the precision with which interventions are tailored to efficiently allocate resources and reduce the severe health impact of obesity among veterans.

<https://doi.org/10.1093/milmed/usac153>

Physical Injuries, Treatment-Seeking, and Perceived Barriers to Treatment in U.S. Army Drill Sergeants.

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Military Medicine

Published: 20 June 2022

Introduction

Drill sergeants work under mentally and physically challenging conditions. The current study examined self-reported rates of physical injuries in drill sergeants; rates of treatment-seeking for injuries; perceived barriers toward treatment-seeking; and associated demographic and environmental factors.

Materials and Methods

Drill sergeants from across all Army basic training locations completed self-report surveys from September to November of 2018. In total, 726 drill sergeants were included in analyses. Drill sergeants indicated whether they had acquired an injury during their time in the drill sergeant role and whether they had sought treatment for all such injuries. Furthermore, drill sergeants rated their agreement with a number of possible perceived barriers to treatment-seeking for physical injuries. Regression models examining each phenomenon included hours of sleep obtained per day; general- and health-specific leadership behaviors of the company command teams; unit cohesion; time as a drill sergeant; duty location; gender; military operational specialty; years in the military; previous combat deployments; and route of assignment. The study was approved by the Walter Reed Army Institute of Research Institutional Review Board.

Results

In total, 38% of respondents reported acquiring an injury during their time as drill sergeants. Of those who had acquired an injury, 61% reported seeking medical help for all injuries acquired. Injuries were more likely in females (49%) than in males (34%) and less likely in drill sergeants reporting at least 6 hours of sleep (27%) versus those reporting 5 hours (40%) and 4 hours or less (43%). Reported comparisons were significant after controlling for demographic and environmental variables in regression models. The most strongly endorsed perceived barriers to treatment-seeking were “Seeking help would place too much burden on the other drill sergeants” (69%) and “Seeking help would interfere with my ability to train the recruits” (60%). Both of these perceived barriers were significantly associated with reduced treatment-seeking in injured drill sergeants, after controlling for demographic and environmental variables.

Conclusions

This study is the first to examine injury occurrence, treatment-seeking, and perceived barriers to treatment-seeking in U.S. Army drill sergeants. Building on previous studies that showed the negative effects of sleep deprivation on the safety and behavioral health of drill sergeants, the current study gives further evidence of the negative effects of such sleep deprivation, this time in the domain of physical injuries. The results suggest that pursuing strategies that allow for healthier sleep duration may contribute to injury reduction.

<https://doi.org/10.1002/acp.3976>

Implications of cognitive-oriented language within posttrauma nightmare narratives.

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Applied Cognitive Psychology

First published: 21 June 2022

While rescription-based therapies are effective treatments for chronic post-trauma nightmares, mechanisms of change have not yet been defined. We examined the relationship between the use of cognitive-related words in nightmare narratives and the posttraumatic cognitions inventory (PTCI) in a sample of 25 trauma-exposed individuals undergoing rescription therapy for post-trauma nightmares. In addition to exploring the relationship between different types of cognitive language use and PTCI scores, the

relationship between changes in their frequency of use and post-trauma cognitions were also analyzed. We found that cognitive language use as a whole in addition to the subcategories of tentative, discrepancy, and insight words within the nightmare are significantly negatively related to baseline PTCI scores, while analytic language use was positively correlated. However, cognitive language use in the rescription did not relate to PTCI scores post-treatment. Furthermore, changes in the of use cognitive language, between the nightmare and the rescription, are significantly negatively associated with severity of posttraumatic cognitions at the post-assessment. These results demonstrate the importance of understanding cognitive language in nightmare imagery as it may relay important information about treatment outcomes.

<https://doi.org/10.1177/0192513X211030023>

“This gradual swing back into us”: Active duty Army spouses’ experiences during homecoming and post-deployment reintegration.

Drew, A. L., Blankenship, A. E., Kritikos, T. K., Jacoby, V. M., Dondanville, K. A., Yarvis, J. S., Sharrieff, A.-F., McGeary, C. A., Blount, T. H., Young-McCaughan, S., Peterson, A. L., & DeVoe, E. R., for the STRONG STAR Consortium.

Jun 19, 2022

Journal of Family Issues, 43(7), 1946-1967

There is acknowledgment that deployments can be stressful for military spouses; however, less is known about their experiences post-deployment. This qualitative study examined the post-deployment experiences of 16 female spouses, whose active duty Army husband had returned from deployment within the previous 2 years and who had a young child during the deployment. Spouses reported that the time surrounding their husbands’ return was one of the great transitions, often accompanied by stress. Most families were able to work through challenges and show positive adjustment over time. However, some spouses described severe post-deployment challenges marked by disconnect from their partners; three of these were spouses whose husbands had posttraumatic stress disorder. The findings address how spouses prepared for their husband’s return, their reunion experiences, the process of reintegrating their husband into family life, and individual changes in the partners post-deployment. Facilitators and challenges to adjustment were identified as potential targets for interventions.

<https://doi.org/10.1093/arclin/acac040>

Contributory Etiologies to Cognitive Performance in Multimorbid Post-9/11 Veterans: The Deployment Trauma Phenotype.

Sahra Kim, Alyssa Currao, John Bernstein, Jennifer R Fonda, Catherine B Fortier

Archives of Clinical Neuropsychology

Published: 19 June 2022

Objective

This study examined cognitive functioning in post-9/11 Veterans with the deployment trauma phenotype (DTP), comprised of co-occurring diagnoses of depressive disorder (major depressive disorder and or persistent depressive disorder/dysthymia), posttraumatic stress disorder (PTSD), and mild traumatic brain injury (mTBI), using objective neuropsychological measures.

Method

Participants included a cross-sectional sample of 399 post-9/11 Veterans who completed clinical interviews and neuropsychological tests as part of a larger study at VA Boston Healthcare System. Confirmatory factor analysis identified four cognitive domains: attention, cognitive control/processing speed, episodic memory, and cognitive flexibility. Veterans with DTP and its constituent diagnoses in isolation, two-way diagnostic combinations, and no constituent diagnoses were compared.

Results

Veterans with DTP had a twofold increased prevalence for below average performance in cognitive control/processing speed compared with those with no constituent diagnoses (prevalence ratios [PRs] = 2.04; 95% confidence interval [CI]: 1.03–4.05). The PTSD + depressive disorder group also had a twofold increased prevalence for below average performance in episodic memory (PR = 2.16; 95% CI: 1.05–4.43).

Conclusions

The deployment trauma phenotype is associated with clinically significant decrease in cognitive control/processing speed in post-9/11 Veterans. Comorbid PTSD and depressive disorder negatively impacted performances in episodic memory. Mild TBI alone showed no cognitive deficits. Clinical interventions should target psychiatric symptoms with a transdiagnostic approach to address this multimorbid population.

<https://doi.org/10.1093/milmed/usac169>

Suicide Behavior Results From the U.S. Army's Suicide Prevention Leadership Tool Study: The Behavioral Health Readiness and Suicide Risk Reduction Review (R4).

Ltc Justin M Curley, MD, USA, Farifteh F Duffy, PhD, Paul Y Kim, MA, Kristina M Clarke-Walper, MPH, Lyndon A Riviere, PhD, Joshua E Wilk, PhD

Military Medicine

Published: 21 June 2022

Introduction

The U.S. Army developed a new tool called the Behavioral Health Readiness and Suicide Risk Reduction Review (R4) for suicide prevention. A 12-month evaluation study with the primary objective of testing the hypothesis (H1) that Army units receiving R4 would demonstrate improved outcomes in suicidal-behavior measures following the intervention, relative to control, was then conducted. The results of analyses to answer H1 are herein presented.

Materials and Methods

The R4 intervention (R4-tools/instructions/orientation) evaluation study, Institutional Review Board approved and conducted in May 2019-June 2020, drew samples from two U.S. Army divisions and employed a repeated measurement in pre-/post-quasi-experimental design, including a nonequivalent, but comparable, business-as-usual control. Intervention effectiveness was evaluated using self-report responses to suicide-related measures (Suicide Behaviors Questionnaire—Revised/total-suicide behaviors/ideations/plans/attempts/non-suicidal self-injuries) at 6-/12-month intervals. Analyses examined baseline to follow-up linked and cross-sectional cohorts, incidence/prevalence, and intervention higher-/lower-use R4 subanalyses.

Results

Both divisions demonstrated favorable in-study reductions in total-suicide burden, with relatively equivalent trends for total-suicide behaviors, total-suicide risk (Suicide Behaviors Questionnaire—Revised), suicidal ideations, and non-suicidal self-injuries. Although both demonstrated reductions in suicide plans, the control showed a more robust trend. Neither division demonstrated a significant reduction in suicide attempts,

but subgroup analyses showed a significant reduction in pre-coronavirus disease 2019-attempt incidence among those with higher-use R4 relative to control.

Conclusions

There is no evidence of harm associated with the R4 intervention. R4 effectiveness as a function of R4 itself requires confirmatory study. R4 is judged an improvement (no evidence of harm + weak evidence of effectiveness) over the status quo (no safety data or effectiveness studies) with regard to tool-based decision-making support for suicide prevention in the U.S. Army.

<https://doi.org/10.1007/s40501-022-00268-0>

Integrating Social Determinants of Health Within Cognitive Therapy.

Amy M. Williams PhD, Allison L. Baier MA, Mercedes G. Woolley BA & Tara E. Galovski PhD

Current Treatment Options in Psychiatry

Published: 28 June 2022

Purpose

Social determinants of health (SDOH) encompass the range of conditions in a person's environment that impacts health and health outcomes. We summarize the literature examining the intersection of SDOH and cognitive therapy (CT) and provide concrete clinical guidance for incorporating SDOH into a cognitively oriented case conceptualization and implementation of CT.

Recent findings

We begin by providing a brief overview of cognitive theory, the impact of SDOH on clinical presentations, and current literature examining SDOH and CT. We then offer a step-by-step approach to incorporate attention to SDOH into assessment, case conceptualization, and delivery of CT. Finally, we explicitly examine five key domains central to SDOH including: health care, social and community context, neighborhood and built environment, education, and economic stability. Within each domain, case examples are provided to highlight possible cognitions and schemas related to SDOH that warrant consideration as possible targets for intervention in CT.

Summary

SDOH undoubtedly intersect with mental health outcomes, and attending to this bidirectional relationship over the course of CT can enhance outcomes. The empirical research evaluating this intersectionality is sparse, and there is little clinical guidance for implementing CT using a SDOH-informed approach. This critical gap in the knowledge base on SDOH-informed CT is particularly relevant when working with minoritized populations for whom disparities across SDOH have been demonstrated. Practical recommendations for therapists are offered to bolster the ability to better provide culturally sensitive care that incorporates attention to SDOH.

<https://doi.org/10.1016/j.addbeh.2022.107418>

Age, sex, and race-varying rates of alcohol use, cannabis use, and alcohol and cannabis co-use in veterans vs. non-veterans.

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Addictive Behaviors

Volume 134, November 2022, 107418

Highlights

- Non-Veterans reported heavier substance use.
- However, being a veteran was a risk factor for heavier use in women.
- Being a veteran was also a risk factor for heavier use in ethnic/racial minorities.
- Several age-related differences were also observed for alcohol use.
- Preventive interventions should target women and ethnic/racial minority veterans.

Abstract

Background

Military veterans are a high-risk group for health risk behaviors, including alcohol and cannabis use. However, research on veteran vs. non-veteran rates of alcohol/cannabis use are inconsistent across studies. Further, no research has investigated veteran vs. non-veteran rates of alcohol and cannabis co-use, and few studies have tested whether demographic variables, particularly race/ethnicity, moderate group differences. Therefore, the current study tested whether 1) veteran vs. non-veterans differed in rates of alcohol use, cannabis use, and alcohol and cannabis co-use, and 2) whether demographic covariates (age, sex, race/ethnicity) moderated associations.

Methods

Data on adults (N = 706,897; 53.4% female) were derived from the 2002–2019 National Study on Drug Use and Health. Participant demographics, alcohol use frequency, drinking quantity, and cannabis use frequency were self-reported.

Results

Non-veterans reported higher drinking quantity, cannabis frequency, and co-use. However, being a veteran was a risk factor for heavier drinking for women, ethnic/racial minoritized participants, and adults under the age of 50. Additionally, veteran status was a risk factor for cannabis use frequency in racial/ethnic minoritized participants and women. Similarly, being a veteran was a risk factor for alcohol and cannabis co-use for racial/ethnic minoritized participants, and the buffering effect of being a Veteran on co-use was reduced for older participants and women.

Conclusions

Results suggest that, at the population level, non-veterans may be heavier alcohol/cannabis users. However, moderating analyses suggested that being a veteran is a risk factor for women, racial/ethnic minoritized individuals, and younger individuals. Findings are discussed in terms of public health implications.

<https://doi.org/10.1371/journal.pone.0270515>

Combat exposure and behavioral health in U.S. Army Special Forces.

Anna C. Rivera , Cynthia A. LeardMann, Rudolph P. Rull, Adam Cooper, Steve Warner, Dennis Faix, Edwin Deagle, Rob Neff, Ryan Caserta, Amy B. Adler, for the Millennium Cohort Study Team

PLoS ONE

2022; 17(6): e0270515

Although combat has been found to be associated with adverse health outcomes, little is known about the impact of specific combat exposures, particularly among specialized personnel. This study examined the association of different types of combat exposures with behavioral health outcomes, and whether these associations differed by Army occupational specialization: General Purpose Forces infantrymen (n = 5,361), Ranger Qualified infantrymen (n = 308), and Special Forces personnel (n = 593). Multivariable

regression models estimated the association of combat severity, type of combat event (fighting, killing, threat to oneself, death/injury of others), and type of killing with mental health disorders, trouble sleeping, and problem drinking. Combat severity, each type of combat event, and killing noncombatants were associated with adverse health outcomes after adjusting for covariates and other combat exposures. Except for trouble sleeping, these associations did not differ by occupational specialization, though the prevalence and odds of outcomes were generally lower for Special Forces personnel.

<https://doi.org/10.4088/JCP.21br14341>

Factors Associated With Remission of Suicidal Ideation During the COVID-19 Pandemic: A Population-Based, Longitudinal Study in US Military Veterans.

Herzog, S., Nichter, B., Hill, M. L., Na, P. J., Norman, S. B., & Pietrzak, R. H.

The Journal of Clinical Psychiatry

Published: June 27, 2022

The COVID-19 pandemic, first declared a global public health emergency by the World Health Organization (WHO) on January 30, 2020, has resulted in profound social and economic hardship and over 5 million deaths worldwide as of October 2021. Scholars have forecast a secondary crisis of mental illness and suicidality extending far beyond those sickened by the virus as individuals struggle to cope with financial losses, fear of infection, uncertainty about the future, and unprecedented disruptions to their daily lives. However, it is difficult to accurately anticipate the mental health repercussions of COVID-19 without accounting for protective or mitigating factors that may confer resilience to adversity or promote remission of suicidal ideation (SI). Indeed, nearly 2 years since the WHO's declaration, early data suggest that the COVID-19 pandemic has wrought heterogeneous mental health impacts and that the projected increase in suicidality has borne out in some populations more than in others.

In their review of mental health sequelae following ecological disasters, Morganstein and Ursano suggested that suicidal thoughts and behaviors tend to diminish in the early aftermath, likely reflecting the buoying effect of community support and human capacity for posttraumatic growth, before gradually increasing in later months and years as these protective factors erode. Consistent with this conceptualization, a review of global population-level studies found evidence of considerable resilience to the psychological effects of lockdown during COVID-19 and no evidence of increased suicide rates.¹⁰

However, conflicting evidence suggests that rates of suicidal ideation and behavior have indeed increased during the pandemic, but perhaps unevenly across time and subpopulations. For example, a study conducted in Japan found a decline in suicide rates in the first 5 months of the pandemic, followed by an above-average increase in suicide in the subsequent 5 months, particularly among women, adolescents, and children. This is consistent with meta-analytic reviews of prior infectious disease outbreaks that indicate that certain populations (eg, older adults, disenfranchised or low-income individuals, those with preexisting psychiatric conditions) may be more vulnerable to increases in suicidality during this time than others.

One population vulnerable to increased suicide rates is US military veterans, whose rates of mental illness and suicide far exceed those of the general population. Despite their vulnerability, however, a recent longitudinal study of 3,078 US veterans assessed both prior to and during the pandemic found that SI decreased from pre- to peri-pandemic. Further, a substantial proportion of veterans in this cohort demonstrated resilience to COVID-19–related increases in psychological distress, and this was predicted by adaptive psychosocial factors such as pre-pandemic social connectedness and secure attachment style. Despite accumulating evidence of psychological resilience and decreases in SI during the pandemic, no known study has longitudinally examined factors associated with remission of SI. In the current study, we compared veterans with and without remission of SI during the pandemic (defined as endorsement of SI before but not during the pandemic) on pre- and peri-pandemic clinical and psychosocial characteristics to identify factors related to remission of SI.

Links of Interest

‘One Foot in the Present, One Foot in the Past.’ Understanding E.M.D.R.

<https://www.nytimes.com/2022/09/19/well/emdr-therapy.html>

Horse Therapy Helps Wounded Service Members Find "New Normal"

<https://www.health.mil/News/Articles/2022/09/13/Horse-Therapy-Helps-Wounded-Service-Members-Find-New-Normal>

The unseen battle: Preventing suicide in our military community

<https://thehill.com/opinion/healthcare/3642649-the-unseen-battle-preventing-suicide-in-our-military-community/> (opinion)

Veterans suicide rate may be double federal estimates, study suggests

<https://www.militarytimes.com/veterans/2022/09/17/veterans-suicide-rate-may-be-double-federal-estimates-study-suggests>

New DoD-funded spouse fellowship program coming in 2023

<https://www.militarytimes.com/news/your-military/2022/09/20/new-dod-funded-spouse-fellowship-program-coming-in-2023/>

Military spouse unemployment financial fallout is far-reaching

<https://www.militarytimes.com/pay-benefits/mil-money/2022/09/14/military-spouse-unemployment-financial-fallout-is-far-reaching/>

National Guard Spouse of the Year Encourages Military Families to Learn from Each Other <https://www.military.com/daily-news/2022/09/19/national-guard-spouse-of-year-encourages-military-families-learn-each-other.html>

Military Spouses Gain Strength By Sticking Together

<https://www.airandspaceforces.com/military-spouses-gain-strength-by-sticking-together/>

‘These Kids Are Dying’ — Inside the Overdose Crisis Sweeping Fort Bragg

<https://www.rollingstone.com/culture/culture-features/inside-the-overdose-crisis-sweeping-fort-bragg-1396298/amp/>

Fears about ending Don’t Ask, Don’t Tell in the military were baseless and overblown, Pentagon finds

<https://taskandpurpose.com/news/joint-chiefs-dont-ask-dont-tell/>

Resource of the Week: [The Women's Reproductive Health Survey \(WRHS\) of Active-Duty Service Members](#)

New from the RAND Corporation:

Key Findings

- Just over 60 percent of DoD ADSW (and just over half of Coast Guard ADSW) indicated that they received an appointment with a primary care physician within one week, and almost three-quarters of both DoD and Coast Guard ADSW

indicated that they received an appointment with an OBGYN within 28 days, per TRICARE guidelines.

- Of the 21 percent of DoD ADSW who had experienced a urinary tract or vaginal infection during a deployment in the two years prior to the survey, 64 percent indicated that it always or sometimes interfered with their performance or job duties. For ADSW in the Coast Guard, 12 reported an infection, and over three-quarters said that it always or sometimes interfered with their job.
- Roughly 60 percent of both DoD and Coast Guard ADSW reported any current contraceptive use. Approximately three in ten were currently using a highly effective form of contraception.
- Approximately one in five ADSW reported being unable to access their preferred form of birth control through the Military Health System (MHS) at some point since joining the military.
- Among ADSW who deployed within the past 24 months, a minority reported receiving any contraceptive counseling from an MHS provider prior to deployment: 18 percent of DoD ADSW and 9 percent of Coast Guard ADSW.
- Just over 16 percent of DoD ADSW and 13 percent of Coast Guard ADSW were pregnant in the one-year period covered by the survey. The unintended pregnancy rate was 5.9 percent.
- Half of DoD ADSW (and 43 percent of ADSW in the Coast Guard) who had been pregnant in the year prior to the survey reported depression during or after the pregnancy.
- Fifteen percent of DoD ADSW and 11 percent of Coast Guard ADSW were unable to conceive after 12 months of trying, a common definition of self-reported infertility. Twelve percent of DoD ADSW (and 8 percent of Coast Guard ADSW) reported an unmet need for fertility services since joining the military.



Research Report

SARAH O. MEADOWS, REBECCA L. COLLINS, MEGAN S. SCHULER, ROBIN L. BECKMAN,
MATTHEW CEFALU

The Women's Reproductive Health Survey (WRHS) of Active-Duty Service Members



See also:

- [Landmark Women's Reproductive Health Survey Shows Need for Improvements in DoD Reproductive Health Care](#) (press release)
- [How the Dobbs Decision Could Affect U.S. National Security](#)

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